

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027228

Entity Name: WIRED, LLC

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

3902 SOMERSET DR.
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

3902 SOMERSET DR.
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 20-2518815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUPPY, JUDITH
3902 SOMERSET DR
SARASOTA, FL 34242 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CUPPY, JUDITH
Address: 3902 SOMERSET DR
City-St-Zip: SARASOTA, FL 34242

Title: MGR () Delete
Name: GREEN, CAROL B
Address: 136 GOLDEN GATE POINT, #302
City-St-Zip: SARASOTA, FL 3426

Title: MGR () Delete
Name: FLETCHER, ANN W
Address: 361 GILCHRIST AVE
City-St-Zip: BOCA GRANDE, FL 33921

Title: MGR () Delete
Name: NICOLAI, CAROL L
Address: 7 GLENMERE DR
City-St-Zip: CHATHAM, NJ 07978

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JUDITH V. CUPPY

MGR.

01/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date